



inside general surgery

A Newsletter of the Division of General Surgery at the University of California, San Francisco



It is with great excitement that I welcome you to read the inaugural issue of this newsletter of the Division of General Surgery at the University of California, San Francisco.

Our division is composed of forty-one regionally, nationally, and internationally preeminent faculty members, spanning four San Francisco hospitals and representing a broad array of clinical and research expertise. In this and following issues, I will introduce you to our accomplished faculty, highlight the creative activities within our division, and explore innovations in general surgery and new discoveries in relevant medical sciences.

Reflected in their contributions you will recognize the three pillars of our mission:

Firstly, we strive to provide outstanding quality clinical care that is cost effective, yet compassionate. Read about the personal experiences of patients Leticia Sanchez and David Esser, as well as about our constant effort to improve patient care at the Center for Pelvic Physiology and the Bariatric Surgery Center.

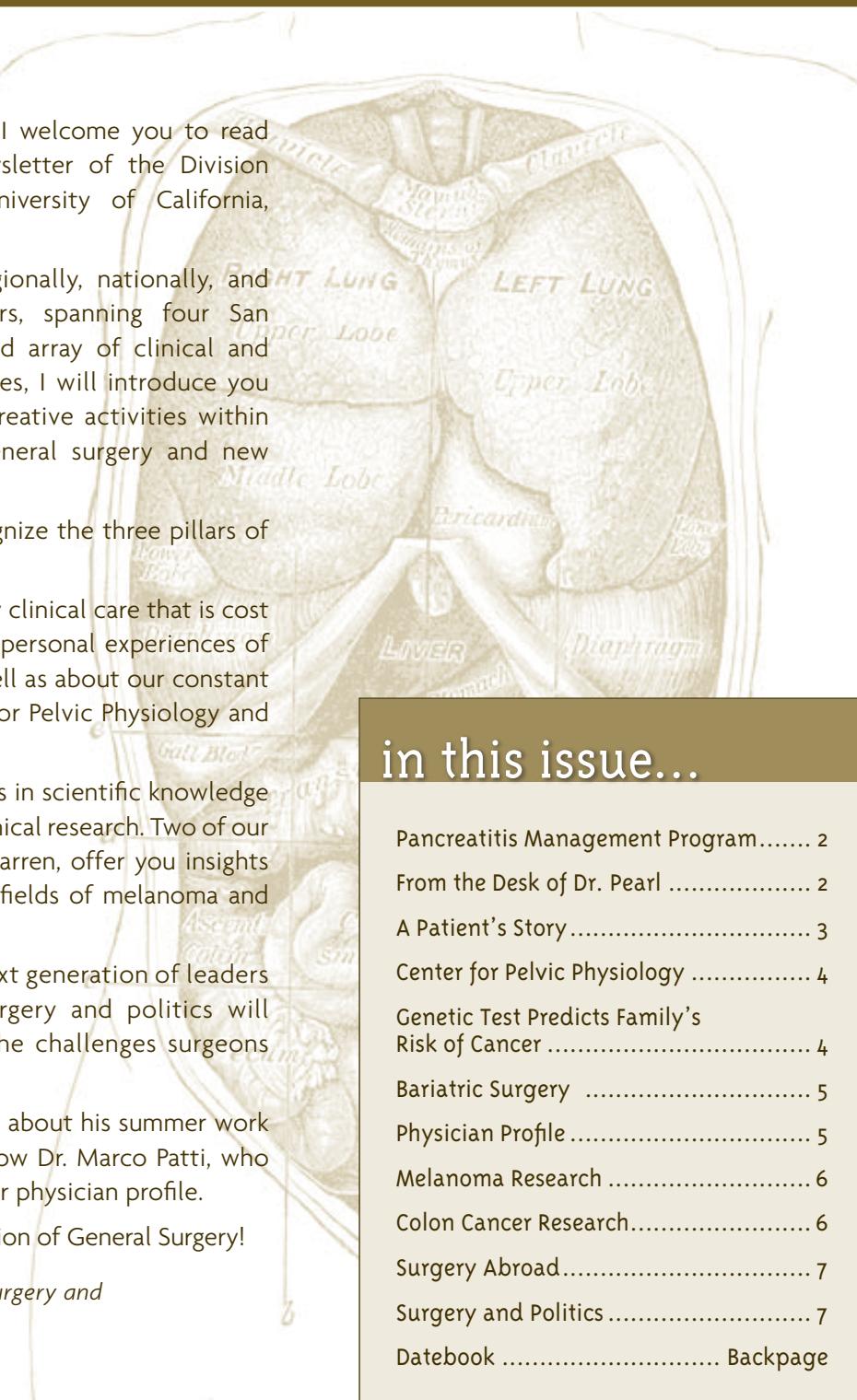
Secondly, we seek to make significant advances in scientific knowledge and clinical practice through both basic and clinical research. Two of our surgeons, Dr. Stanley Leong and Dr. Robert Warren, offer you insights into recent developments in their respective fields of melanoma and colon cancer research.

Our mission's third pillar is developing the next generation of leaders in surgery. Dr. John Maa's article about surgery and politics will provide you with an outlook on some of the challenges surgeons will face in the future.

Finally, please let Dr. William Schecter tell you about his summer work as a trauma surgeon in Israel and come to know Dr. Marco Patti, who specializes in disorders of the esophagus, in our physician profile.

So, please read on and welcome to UCSF's Division of General Surgery!

Hobart W. Harris, M.D., M.P.H. is a Professor of Surgery and Chief of the Division of General Surgery.



in this issue...

Pancreatitis Management Program.....	2
From the Desk of Dr. Pearl	2
A Patient's Story	3
Center for Pelvic Physiology	4
Genetic Test Predicts Family's Risk of Cancer	4
Bariatric Surgery	5
Physician Profile	5
Melanoma Research	6
Colon Cancer Research.....	6
Surgery Abroad.....	7
Surgery and Politics	7
Datebook	Backpage

clinical practice

PANCREATITIS MANAGEMENT PROGRAM



Dr. Hobart Harris has made it one of his goals in his clinical practice to help patients suffering from chronic pancreatitis. Not as widely spread as diabetes and not as deadly as cancer, chronic pancreatitis receives neither much attention nor much funding. Despite this lack of attention, the debilitating condition can cause severe and chronic abdominal pain among patients as young as

thirty. Many of these patients receive pain management therapy as the only treatment for their condition. But Dr. Harris and his colleagues in UCSF's Division of Transplant Surgery think that more can be done, so they are performing an innovative procedure in which the chronically inflamed or scarred pancreas is removed and insulin-producing cells, harvested from the pancreas, are implanted into the patient's liver.

The pancreas is an organ about the size of a hand. Its main function is the production of the hormone insulin, as well as the production of enzymes that help the body digest food. If the pancreas does not function, patients can

develop diabetes or gastrointestinal problems. A main agent in the production of insulin is clusters of cells called islets. In an islet transplantation, those cells are removed from the pancreas and injected into the patient's liver within a few hours. Once implanted, the islets begin to produce insulin. The risk of adverse immune reactions is significantly decreased because the patient's own islets are used.

Dr. Harris explains that the entire procedure takes about ten hours. Follow-up treatment can consist of supplemental insulin injections, if the implanted islets don't produce enough insulin. Patients' overall quality of life often improves after the procedure. Currently, UCSF is the only hospital on the West Coast that performs the innovative procedure. Dr. Harris and his team are hoping to perform 50 to 75 pancreas removals in combination with islet transplantation per year. One of Dr. Harris's goals is to establish a Pancreatitis Management Program that spreads knowledge about chronic pancreatitis to general practitioners, gastroenterologists, and chronic pain specialists, so that patients can be diagnosed accurately and treated appropriately.

Hobart W. Harris, M.D., M.P.H. is a Professor of Surgery and Chief of the Division of General Surgery. 

from the desk of...

...DR. PEARL AT MOUNT ZION

Recent months have brought many positive changes to the UCSF Medical Center at Mount Zion.

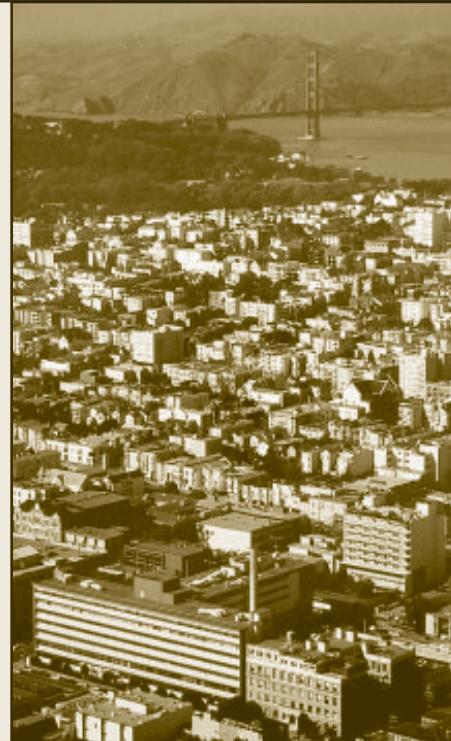
The main hospital building at 1600 Divisadero Street received a fresh coat of exterior paint, and we are constantly working to make our facilities more patient friendly. Currently, we are creating a new radiology waiting room on the second floor. An MRI machine with the highest-strength magnet currently available, as well as a CT scanner with increased capacity, will soon be available on-site. This will save many patients the long trip to the China Basin Imaging Center on the other side of town.

The lobby of the hospital houses two gift shops, the Ruth Ann Rosenberg Gift Shop and the

Friend-to-Friend Specialty Shop. Besides gift items, candy, and greeting cards, the store offers a wide range of merchandise for people living with cancer, such as hats, wigs, scarves, and turbans. Since 2005, the store has also sold its products online and now reaches patients as far away as Jordan. You can browse the website at www.friend2friend.org.

The greatest change, however, is yet to come: by 2015 a new cancer hospital will open at Mission Bay, and Mount Zion will be transformed into an outpatient service center.

Jeffrey M. Pearl, M.D. is a Professor of Surgery and the Department of Surgery's Vice-Chair for Finance. He serves as Associate Dean at the School of Medicine and Associate Chief Medical Officer of the UCSF Medical Center at Mount Zion. 



a patient's story

ISLET CELL TRANSPLANT: INTERVIEW WITH DAVID ESSER

David Esser was only thirty years old when disabling pain struck him on Martin Luther King Day in 1993. Over the next 12 years, he would have several acute flare-ups of his pancreatitis each year. Those flare-ups meant between eight and 24 hours of severe pain and a hospital stay. Mr. Esser often felt these attacks were nothing more than an inconvenience. But the pain he experienced during a massive and life-threatening pancreatitis attack that started in July 2006 was like nothing before. His agony lasted for months. Necrotic tissue formed in the neck of the pancreas, restricting enzymatic fluid flow, and painful pseudocysts developed. The chronic pain was disabling and his condition began to rapidly deteriorate over the summer. In late September 2006, he decided to undergo an innovative procedure at UCSF known as distal pancreatectomy with pancreatic islet auto-transplantation. Mr. Esser has now resumed his life at home with significantly reduced pain.

Newsletter: Mr. Esser, we are glad to know you are doing so much better. How would you describe your overall experience at UCSF?

Mr. Esser: Truly amazing. It is remarkable how UCSF can manage such a large number of patients and still treat each person as an individual. It's a system with a great deal of compassion and patience. When I was brought to the UCSF emergency room in July 2005, Dr. Hobart Harris, Chief of General Surgery, saw me 20 minutes after my arrival. He has walked with me step by step ever since. As I reflect on this, it was small things that made a difference: Dr. Harris's commitment and his emails to check in on me, the assistance in scheduling the endless procedures and tests. You know the extraordinary talent, facilities, and expertise that are the hallmark of UCSF, but it's the people and their commitment

that make the difference. I was scared when I walked through the hospital doors, but there were always friendly, professional people who smiled at me and explained what they were doing and why they were doing it. Many of the nurses on 12 Long remembered me from the year before and went the extra mile to make me comfortable. It's all about the patient.



Photo: Mark Estes
David Esser on his motorcycle.

"It is remarkable how UCSF can manage such a large number of patients and still treat each person as an individual."

Newsletter: How did you and your doctors reach the decision that surgery would be your best option?

Mr. Esser: My condition was deteriorating and it was clear that more invasive action was needed. I spent hundreds of hours researching my condition. During one of my visits in August of 2006, Dr. Harris took over two hours to review all the options with me. Beyond the pain relief, we wanted to decrease my risk of developing type II diabetes and malnutrition. Additionally, pancreatic cancer can develop in or around the necrotic tissue, which had formed in the gland. That was very concerning for me. For these reasons, the partial pancreas removal in combination with the islet transplant seemed like the best choice for me.

Newsletter: How did you educate yourself about the procedure?

Mr. Esser: I was not shy about asking people for information. Dr. Harris gave me multiple contacts to consult with. I communicated

with the University of Minnesota, where the world's first transplant of islets was performed in 1974. I also corresponded with people by email as far away as Scotland and India. The medical community in general is approachable and empathetic; we just need to ask for help. I also collected a lot of data from the Internet. The more I understood this procedure, the more I knew it was the right thing for me. Dr. Harris believed that it was the best procedure but didn't try to sell it. Instead, he discussed all options and educated me.

Newsletter: What do you enjoy most about your life after surgery?

Mr. Esser: I think that's yet to come. Being able to go back to an active life is great. I really enjoy playing golf, riding my bikes, coaching, spending time in the outdoors, and just being involved with my family again. I'm slowly taking back my old life and looking forward to the challenges that make life interesting. Until now, the nature of my condition made thoughts of a normal life impossible.

Newsletter: Do you have any recommendations for people suffering from chronic pancreatitis?

Mr. Esser: There is a lot of hope. The islet transplant procedure is one of several new options available to patients with chronic pancreatitis. For the right patient, it can be life changing. Just the reduction of pain, let alone decreasing the risks of developing cancer, malnutrition, or type II diabetes, was worth it for me. Patients need to understand their condition and educate themselves about their options. They need a team of physicians who are open and collaborative. UCSF offers that. There were no turf wars between specialties and I knew the doctors really cared about me.

Newsletter: Thank you for the interview. ☺

"Patients need to understand their condition and educate themselves about their options."

clinical news

CENTER FOR PELVIC PHYSIOLOGY

Nurse Susan Wong has a tough job. Patients come to her with problems that nobody likes to discuss: she treats patients with fecal incontinence and constipation at UCSF's Center for Pelvic Physiology. "Teaching is a big part of my work," explains Ms. Wong. For many of her patients, the office visits are the first time that they learn about how the pelvic floor muscles work and why they are so important for bowel habits. For a thorough assessment, she asks her patients to keep food and stool diaries, and she also discusses their habits and behaviors with them. Her Chinese heritage has imbued her with a holistic approach to medicine, which includes good nutrition and a balanced lifestyle. In her gentle and competent manner, she incorporates these ideas into her work by encouraging self-care in her patients, by giving dietary advice, and by creating a safe environment to relearn healthier habits. Ms. Wong also evaluates her patients for biofeedback treatment. UCSF is the only facility on the West Coast that offers biofeedback for colorectal conditions.

"Patients often suffer quietly from socially isolating colorectal conditions, such as chronic constipation or fecal incontinence, for many years before they overcome either their shame or the hurdles of finding the right expert," states Dr. Madhulika Varma, Director of the Center for Pelvic Physiology. Dr. Varma fights those obstacles and raises awareness by speaking at community outreach meetings. Many patients she meets at those meetings are surprised to learn that their disease is far more common than they expected. At the center, the staff's reassuring and professional demeanor, paired with a supportive environment, helps most patients regain their quality of life. With state-of-the-art equipment, including a 3-dimensional ultrasound machine, the center offers evaluations every day and draws patients from as far as Fresno.

"I offer extreme bowel makeovers," jokes Ms. Wong. "My patients are looking for improvement. It makes my day when I see their smiling faces because I helped them improve their quality of life."

Susan Wong, R.N. is a clinical nurse in the Center for Pelvic Physiology. Madhulika Varma, M.D. is an Assistant Professor of Surgery. She is also the Director of the Center for Pelvic Physiology.

Dr. Varma (left) and Susan Wong of the Center for Pelvic Physiology

Photo: Cynthia Baklanov



GENETIC TEST PREDICTS FAMILY'S RISK OF CANCER

by Dr. Jessica Gosnell

For many surgeons, the days of taking care of whole families, of watching children grow up and parents age, are gone. Families are increasingly fragmented across the country and see many doctors and specialists for their care. It is quite unusual for a surgeon to see more than two members of the same family.

Not so with Leticia Sanchez's family. She was originally seen at UCSF over 20 years ago, and she still comes monthly to the UCSF Comprehensive Cancer Center at Mount Zion. In the early 1980s, she was diagnosed with a rare and aggressive cancer of the thyroid gland, known as medullary thyroid cancer. Several years later, she was also diagnosed with a rare tumor of her adrenal glands, fist-sized organs just above the kidneys. This combination of tumors is seen in a rare genetic syndrome called Multiple Endocrine Neoplasia (MEN), which only affects approximately 300 families in the United States. Since there was no genetic test available at the time, and most patients with the disease develop an aggressive form of thyroid cancer, Ms. Sanchez's family members had to undergo yearly x-rays and unpleasant blood tests to look for tumors. In the mid-1990s the genetic mutation was found for this type of cancer. Mrs. Sanchez tested positive.

After her diagnosis, two of Ms. Sanchez's siblings also tested positive and underwent prophylactic thyroid removal. More recently, one of her daughters and three of her nieces and nephews – all under fifteen years old – have tested positive for the gene mutation and have had their thyroid glands removed by Dr. Orlo Clark at UCSF. While the children will still need to be screened for the possible development of adrenal and parathyroid tumors, their thyroids were removed at a very early stage, before the thyroid cancer had a chance to fully develop.

Ms. Sanchez is currently enrolled at the UCSF Comprehensive Cancer Center as part of a new, worldwide clinical trial for her metastatic medullary thyroid cancer, under the leadership of Dr. Orlo Clark and Dr. Jessica Gosnell. Ms. Sanchez's disease has stabilized. And fortunately, due to exciting advances in genetic screening and cutting-edge treatments, her daughters, nieces, and nephew were treated early, before the thyroid cancer had a chance to spread.

Jessica E. Gosnell M.D. is an Assistant Professor of Surgery.



Ms. Sanchez (middle) with Dr. Gosnell and Dr. Clark

Photo: Susanne Stolzenberg

BARIATRIC SURGERY: A MULTIDISCIPLINARY TEAM PROVIDES HIGH-QUALITY CARE

by Dr. Guilherme Campos

Obesity has risen to epidemic levels in the U.S. About 65 percent of U.S. adults are overweight or obese. Obesity can lead to devastating and costly health problems, reduce life expectancy, and contribute to serious conditions such as type-2 diabetes and heart disease.

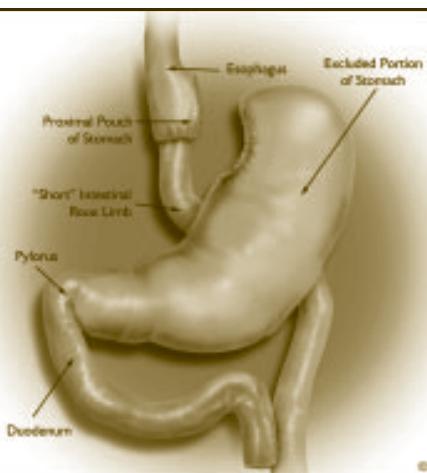
Surgery for obesity – bariatric surgery – has proven to be the most effective and lasting therapeutic intervention for patients who are morbidly obese. The UCSF Medical Center's Bariatric Surgery Center has a multidisciplinary team, which includes surgeons, internal medicine specialists, and dietitians, as well as nurse practitioners, nurses, and physician assistants. Due to the superior quality of outcomes, the Bariatric Surgery Center has been rated a five-star center by the Agency for Healthcare Research and Quality and is a center of expertise for most major insurance companies.

Since 2004, UCSF surgeons have performed more than 400 bariatric operations, of which more than 90% were done laparoscopically. The Bariatric Surgery Center offers a full range of surgery options for treating obesity, including laparoscopic gastric bypass (see illustration below), and the laparoscopic adjustable gastric band. Most patients lose 50 to 70% of excess weight during the first year after surgery and maintain that weight loss. Additionally, 80 to 90% of patients will have improvement or cure of diseases associated with obesity and report improvement in their quality of life.

For additional information please visit our Website at
www.ucsfhealth.org/bariatrics.

Guilherme M. Campos, M.D. is an Assistant Professor of Surgery. He is Co-Director of the Bariatric Surgery Center and Director of the Center for the Study of Gastrointestinal Motility and Secretion, which evaluates disorders of the esophagus and stomach. 

Photo courtesy of Ethicon Endo-Surgery, Inc.



Important facts about the UCSF Bariatric Surgery Program:

- In-house physicians and faculty surgeons are available 24 hours a day.
- Radiology and interventional services are available around the clock.
- Operating and patient rooms are designed specifically for bariatric patients.
- Follow-up care includes post-surgical support groups, nutrition counseling, and regular monitoring visits.
- Our patients show above-average loss of excess body weight after one year.
- Our rate of overall complications since 2004 is half the national average. 

MARCO PATTI, M.D.

During his academic career, **Dr. Marco Patti** has focused his research and clinical activity on disorders of the esophagus, which include gastroesophageal reflux disease, achalasia, diffuse esophageal spasm, and esophageal cancer. In 1989, he created the Center for the Study of Gastrointestinal Motility and Secretion, which he directed until 2005. Over the years, thousands of patients have received treatment at the Center and were provided with answers to unique clinical questions. As part of his research, Dr. Patti was able to establish a link between gastroesophageal reflux and respiratory problems, such as interstitial lung disease.



Dr. Patti has developed a minimally invasive treatment of esophageal problems such as reflux and achalasia, and he has become a recognized national and international expert. He decreased the morbidity and mortality of this operation, leading to shorter hospital stays and faster recovery time. More recently, he has been able to apply minimally invasive techniques to the treatment of esophageal cancer. His publications are considered a guide for surgeons around the world, making UCSF a referral center for these disorders, with patients seeking treatment from all over the United States.

Marco G. Patti, M.D. is a Professor of Surgery. 

cancer research

MELANOMA RESEARCH

Over the past decade, Dr. Stanley Leong has seen many changes that research advances had on the treatment of melanoma. Treatment of this potentially deadly skin cancer has become more targeted and less invasive. Previously, a melanoma diagnosis meant that the surgeon would remove all the lymph nodes in a nodal basin – a radical and painful procedure. Dr. Leong and his colleagues now perform a less invasive procedure, a so-called selective sentinel lymph node (SLN) dissection. With this procedure, pathologists can determine whether the melanoma has spread to the SLNs near the primary melanoma site. Recent developments in the SLN concept and technology have resulted in the ability to define the first SLN to which the cancer will metastasize.

The characteristics of metastatic cancer cells may be dependent on their molecular and genetic profiles. To test these hypotheses for melanoma, Dr. Leong has developed a large tissue bank, with over 200 melanoma specimens, to identify potential genetic and molecular markers relating to the clinical outcome of metastasis.

As part of his constant efforts to make treatment of melanoma more efficient, Dr. Leong also directs a clinical trial that is designed to determine whether a surgery called “completion



lymph node dissection” might be avoided for certain melanoma patients. Instead of performing the surgery, Dr. Leong and his team monitor patients with nodal ultrasound to examine lymph node basins. The surgery will only be performed when patients show evidence of a recurrence.

To improve access to research data, Dr. Leong founded a SLN Working Group in 2003. To date, members from over 30 states in the United States and over six countries have joined the group. It has one of the largest databases on melanoma sentinel lymph nodes. With the help of this database, Dr. Leong and his colleagues plan to analyze different melanoma subgroups to develop hypotheses, which can then be tested in clinical trials.

Stanley P.L. Leong, M.D. is a Professor of Surgery and Director of the UCSF Sentinel Lymph Node Program.

Melanoma is the most common cause of death from skin cancer. Today, about 62,000 patients are diagnosed with melanoma every year and over 7,000 patients will die of the disease. Melanoma affects mainly the Caucasian population. Often, the first sign of melanoma is a change in the size, shape, color, or feel of an existing mole. Most melanomas have a black or blue-black area. Melanoma also may appear as a new, black, abnormal, or “ugly-looking” mole. For more information, go to www.cancer.org.

Photo: Regan van Huffel



COLON CANCER RESEARCH

Colon cancer remains a feared disease despite many advances in treatment. **Dr. Robert Warren** conducts research on colon cancer that has spread (metastasized) to other parts of the body. Collaborations with investigators in the Cancer Center at UCSF and at Amgen Corporation and Chiron

Corporation have helped identify, clone, and sequence different genes that are specifically altered in metastatic colon cancers compared to normal colon tissue. Dr. Warren's laboratory has already identified a group of cancer-associated genes, which predict outcome following medical or surgical therapy for metastatic colorectal cancer. Those genetic studies will help predict how aggressive a cancer is, whether it is likely to spread, and which new targets for therapy may be identified.

The goal of Dr. Warren's research is to better understand the clinical behavior of colon cancers by looking for genetic abnormalities in hundreds to thousands of genes. This approach takes advantage of new technologies being developed and tested at UCSF and at

the Lawrence Biological Laboratory at UC Berkeley. Dr. Warren is optimistic that studying these genes will provide insight into how they will respond to particular therapies: “We are on the verge of a new age, in which therapies will be tailored to individual patients and therefore far more effective.”

By taking molecular observations from the laboratory to the bedside and back to the laboratory, Dr. Warren and his team of scientists in the Surgical Oncology laboratory predict that the results of these studies will have great clinical impact: therapies will be selected based upon the genetic make up of the patient as well as the patient's cancer. If an individual patient's tumor is investigated in sufficient detail, selection of optimal therapy and avoidance of undue toxicity will be possible.

Dr. Warren is Principal Investigator of three studies in colon cancer patients conducted with the support of the National Cancer Institute. These multi-institutional studies involve approximately 3,000 patients and examine individual or combinations of prognostic factors together with response to therapy and survival.

Robert S. Warren, M.D. is a Professor of Surgery and Chief of Surgical Oncology.

surgery abroad

A SUMMER OF WAR by Dr. William Schecter

On July 12, 2006, under cover of a continuous barrage of Katyusha rockets, eight Israeli reserve soldiers were killed and two kidnapped in a cross-border raid by elements of Hezbollah. Thus began 33 days of war resulting in 750,000 destroyed trees, 12,000 destroyed houses, 5,000 Israeli casualties, and 311 hospital admissions as a consequence of 3,970 rocket attacks on Israel. Thirty-nine Israeli civilians and 117 Israeli soldiers lost their lives. Death and devastation rained on both sides of the border.

I was privileged to serve as a surgeon at the Rebekah Sieff Medical Center in Safed, 12 miles from the Lebanese border as the Katyushas fly. Safed, a Galilean city of stone houses and medieval alleyways, is the home of the Kabbalah and Jewish mysticism. The city was virtually deserted as most of the citizens sought refuge from the rocket attacks in the center of the country. To their eternal credit, the entire hospital staff remained at their posts to care for the civilian and military casualties.

We received waves of casualties: initially civilians and subsequently injured soldiers as the ground conflict escalated. The hospital itself and the surrounding communities in which we lived were repeatedly subjected to rocket attack. I was impressed by the dedication and motivation of the staff, the patients, and particularly the injured soldiers – the best and the brightest of the youth of Israel.

I was particularly moved by the case of a young father who was returning home from reserve duty when a missile landed about 30 feet from his car. His mother, a nurse, resuscitated him. He was supposed to be brought to Haifa but the military physician on board of helicopter made the decision to land in Safed, ten minutes closer, because his condition had deteriorated. He arrived without blood pressure, with irregular breathing and a sucking wound to the left chest. His death was prematurely reported on the radio news. Damage-control surgery helped stabilize his condition. Despite pneumonia, blast lung injury, and recurrent bouts of sepsis, he recovered.

After the war, on the eve of Rosh Hashana, the Jewish New Year, as I was driving across the San Francisco Bay Bridge to attend a family dinner, I received a call on my cell phone. It was the young man recuperating at home, calling to wish me a Happy New Year.



Dr. Schecter (second from left) and his colleagues at the Rebekah Sieff Medical Center in Safed

Photo: William Schecter

surgery & politics

SURGERY AND POLITICS

The unifying intent of Dr. John Maa's clinical, research, and advocacy efforts has been to assist in the creation of the field of "surgical government." The intent of this new field is to deliver a national message about access to high-quality and safe patient care. To advance the understanding that health care is a public good, Dr. Maa works with local, state, and federal elected officials, including Congresswoman Nancy Pelosi and Senator Dianne Feinstein, on health care policy issues. As part of his efforts, Dr. Maa has testified before the California State Senate and Governor Arnold Schwarzenegger on tobacco cessation and obesity control for California's children.



Senator Dianne Feinstein and Dr. Maa

Photo courtesy of Dianne Feinstein

Dr. Maa's clinical research focuses on mechanisms to improve the quality and efficiency of hospital-based emergency surgical care. In 2005, Dr. Maa assisted in the creation of the UCSF Surgical Hospitalist Program during a fellowship in Health Care Policy at the UCSF Institute of Health Policy Studies. The Hospitalist Program trains doctors in the emerging specialty of hospital-based surgical care. It is one of the first programs of its type at an academic medical center in the United States. Traditionally, the care of hospital patients in those centers has been managed by residents, who are medical school graduates in the late stages of training. But residents rotate through the university system in one-month intervals and cannot provide much continuity for patients. Surgical hospitalists will be better trained to provide inpatient care more efficiently and will be more available to hospitalized patients than some primary care physicians or residents.

Dr. Maa believes that through proactive leadership, the field of surgery will define the structure of the American health care system and the future direction of medicine. He has emphasized the fundamental role of surgical education and the need to train future generations of physicians to be leaders in health care. As Associate Director of the surgical clerkship for third-year UCSF medical students, he directly impacts the way medical students are taught about patient care today.

John Maa, M.D. is an Assistant Professor in the Department of Surgery and Assistant Chair of the Department of Surgery's Quality Improvement Program. ☀



PAID
U.S. Postage
Nonprofit Org.
San Francisco, CA
Permit No. 8285

University of California, San Francisco
Division of General Surgery
521 Parnassus Avenue, Box 0790
San Francisco, CA 94143-0790

datebook...

AUGUST 1, 2007

DEPARTMENT OF SURGERY GRAND ROUNDS: HISTORICAL PERSPECTIVES
FROM THE DEPARTMENT OF SURGERY

Chairs: Dr. Nancy Ascher, M.D., Ph.D., Professor of Surgery, Chair of the Department of Surgery and Dr. Hobart Harris, M.D., M.P.H., Professor of Surgery, Chief of the Division of General Surgery, Vice-Chair of the Department of Surgery

Contact: craytonm@surgery.ucsf.edu

NOVEMBER 8-10, 2007

ADVANCED VIDEOSCOPIC SURGERY TRAINING COURSE

Chairs: Lawrence Way, M.D., Professor of Surgery, Chief of Videoscopic Surgery and Quan-Yang Duh, M.D., Professor of Surgery, Associate Chief of Videoscopic Surgery
Contact: leononn@surgery.ucsf.edu

NOVEMBER 9-10, 2007

SELECTIVE SENTINEL LYMPHADENECTOMY AND BREAST ULTRASOUND

Stanley P. L. Leong, M.D., Professor of Surgery, Director of the Sentinel Lymph Node Program

Contact: rodriguezd@surgery.ucsf.edu

did you know?

The Division of General Surgery has 41 full-time faculty members and 62 staff. They work at four main locations in the city: the Parnassus Campus, Mount Zion Hospital, the San Francisco General Hospital, and the San Francisco VA Medical Center.

coming soon...

In the next issue of this newsletter...

- * tumor ablation program
- * the GI research laboratory
- * more patient stories

inside general surgery

Volume 1, Number 1, Summer 2007

Coordinators: Hobart Harris, M.D., M.P.H. and Danielle Blanc, M.P.H.

Writer/Editor: Susanne Stolzenberg | Copy Editor: Pamela Derish | Graphic Designer: Jennifer Melnick, Olio Arts